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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *1KM*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *1KM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>1KM</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 3
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## TITLE

Cardiac implant device

<b>FILING FEE RECEIVED</b> 528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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